**APPLICATION FOR ADMISSION TO SDS1000HS (Winter 2021)**

**Fridays, Winter term, 1-3 pm**

**Instructor: Robert Diaz**

|  |  |
| --- | --- |
| **Deadline:** | **Please return no later than Friday, September 25th, 2020.** Please note that the course has a capped enrolment of 15 students. Priority enrolment is given to students in the SDS Collaborative Program, and those who need to complete the course for Convocation in 2021. Enrolment in the CP does not guarantee students a place in the core course, so apply as soon as possible. |
| **Return completed** **application with a copy of your academic record to:** | [Sexual.diversity@utoronto.ca](mailto:Sexual.diversity@utoronto.ca) or Sexual Diversity Studies Office, **University College Room 251, 15 King’s College Circle, Toronto, ON M5S 3H7. Please ensure you have signed the form.** |

|  |  |
| --- | --- |
| **Results:** | We will attempt to confirm your standing in SDS1000H within two weeks of your submitting this ballot. |

***Section A*: Below to be completed by the student**

|  |  |
| --- | --- |
| **Name & pronouns:** |  |
| **Student ID:** |  |
| **Phone #:** |  |
| **Email:** |  |
| **Please indicate program(s) enrolled in, length of program, and year in program:** |  |
| **Have you enrolled in the SDS Collaborative Graduate program?** |  |
| **If not, are you considering enrolling in the SDS graduate program?** |  |
| **Area of Interest:**  **(attach extra page if required)** |  |
| **Experience in SDS**  **or related fields**  **(attach extra page if  required)** |  |
| **Student Signature:** |  |
| **Date:** |  |

***Section B*: Authorization**

|  |
| --- |
| **I authorize this student to register in the course named above.**  **Departmental Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |